APPLICATION FOR EMPLOYMENT WITH THE FEDERAL AVIATION ADMINISTRATION

INSTRUCTIONS

YOUR APPLICATION QUESTIONNAIRE WILL BE OPTICALLY SCANNED FOR COMPUTER PROCESSING, SO READ AND FOLLOW THESE INSTRUCTIONS CAREFULLY. IF YOUR FORM IS NOT COMPLETED CORRECTLY, WE WILL BE UNABLE TO PROCESS YOUR APPLICATION AND UNABLE TO CONSIDER YOU FOR EMPLOYMENT.

If you received this application form by fax and the corner boxes are distorted or missing from the top or bottom of any page, please contact the sending office to resend the fax or request a form by mail. The application form cannot be scanned or processed properly if the boxes are not intact.

- You must enter your Social Security Number in the boxes on the bottom of each page of this questionnaire. This assures that the pages of your form are processed together. Executive Order 9397 authorized the solicitation of your Social Security Number (SSN) for use as an identifier in personnel records management, thus assuring proper identification of applicants throughout the selection and employment process. The information we collect by using your SSN will be used for employment purposes and may also be used for studies, statistics, and computer matching to benefit or payment files. Furnishing your SSN or any of the other information specified in the vacancy announcement is voluntary. However, failure to do so will prevent the processing of your application and will prevent consideration for employment.
- You must certify the application questionnaire by reading, answering, signing, and dating the "SIGNATURE, CERTIFICATION, AND RELEASE OF INFORMATION" questions, or your application form will not be processed.
- For statistical purposes, please complete the "RACE AND NATIONAL ORIGIN IDENTIFICATION" form (the last page of this application package). This information is voluntary and failure to provide it will not affect your consideration for employment, but it does help assure that our employment practices are free from prohibited discrimination and provide equal employment opportunities for all.
- Please use a **black pen** to complete this application questionnaire. Print plainly and carefully in capital block letters in the squares and completely darken the circle corresponding to the letter or number of your answer. **Use correction fluid to make changes**. Do not make or leave stray marks on the scannable form. A ruler may be helpful to ensure accuracy in marking the appropriate circles.
- Read each question carefully. Many questions are multiple choice; for those, darken completely the circle for the *one* answer that best describes you. If multiple answers are acceptable, that will be clearly indicated on the questionnaire itself. Answer all questions, but do not submit additional information or documents. *Only* information on this application form will be used to determine your eligibility for employment; additional information cannot be considered, and it will not be provided to the selecting officials.

Please remove this Instruction Sheet before submitting your application form.

Mail your completed application form to:

Federal Aviation Administration Mike Monroney Aeronautical Center Aviation Careers Division, AMH-300 P.O. Box 26650 Oklahoma City, OK 73126



AIRWAYTRANSPORTATIONSYSTEMSSPECIALISTFG-2101 ELECTRONICSTECHNICIANFG-856

U.S.DEPARTMENTOFTRANSPORTATION FEDERALAVIATIONADMINISTRATION

APPLICATIONFOREMPLOYMENTWITHTHEFEDERALAVIATIONADMINISTRATION

SIGNATURE, CERTIFICATION, AND RELEASE OF INFORMATION

YOU **MUST** COMPLETE THIS PORTION OF THE QUESTIONNAIRE IN ORDER TO BE CONSIDERED FOR FEDERAL AVIATION ADMINISTRATION EMPLOYMENT

NOTE: You **must** sign the application **and** darken the circle corresponding to the YES answer for each question below. **If these four questions are not answered "YES," your application cannot be considered.** Read the following carefully before you sign this application:

	is true, accurate, and complete, and that this application for employment with the Federal Aviation Administration is made in good faith.	○ Yes	O No
•	I certify that, to the best of my knowledge and belief, ALL of the information provided on this application		
•	I consent to the release of information concerning my background, ability, and fitness for employment with the Federal Aviation Administration by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, and personnel staffing specialists, and other authorized employees of the Federal Aviation Administration.	○ Yes	○ No
•	I understand that information I give may be investigated as allowed by law or Presidential order.	○ Yes	○ No
•	I understand that a false statement on any part of this application may be grounds for not hiring me or for firing me after I begin work. I also understand that I may be punished by fine or imprisonment for falsification of my employment application (18 USC 1001).	○ Yes	○ No
	Read the following carefully before you sign this application:		

(Signature) (Month) (Day) (Year)

Privacy Act and Public Burden Statements

Public Law 104-50 allows the Federal Aviation Administration to rate applicants for employment. We need the information on this application questionnaire to see how well your education and work skills qualify you for employment with the FAA. We also need information on matters such as citzenship and military service to see whether you are affected by laws we must follow in deciding whom the Federal government may employ.

Executive Order 9397 authorizes the solicitation of your Social Security Number (SSN) for use as an identifier in personnel records management to assure proper identification of applicants throughout the selection and employment process. The information we collect on this questionnaire, including your SSN, will be used for employment purposes, and it may also be used for statistical studies or computer matching with other government files. Furnishing your SSN or any of the other information requested in the vacancy announcement is voluntary; however, failure to provide this information will prevent the processing of your application and will prevent your consideration for employment. The nature of the information received is confidential, and authorized officials will handle it appropriately. This information becomes part of a Privacy Act System of Records as identified in 5CFR 552a, under OPM/GOVT-1: General Personnel Records.

We estimate it will take you 60 minutes or less to complete this form, including the time required to read the instructions, provide the requested information, and review your responses. Send comments regarding this estimate or any other aspect of the collection of information, including suggestions for reducing the burden, to the Federal Aviation Administration, Office of Human Resources Management, 800 Independence Avenue, SW, Washington, D.C. 20591.

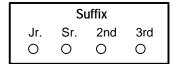
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INSTRUCTIONS

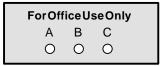
Please use a black pen. Print plainly and carefully in capital block letters in the squares, and completely darken the circle corresponding to the letter or number of your answer. Please use correction fluid to make changes. Do not make or leave stray marks on the scannable form. A ruler may be helpful to ensure accuracy in marking the appropriate bubbles. ALL SOCIAL SECURITY NUMBERS MUST BE FILLED IN ACCURATELY ON EACH PAGE for this application to be accepted.

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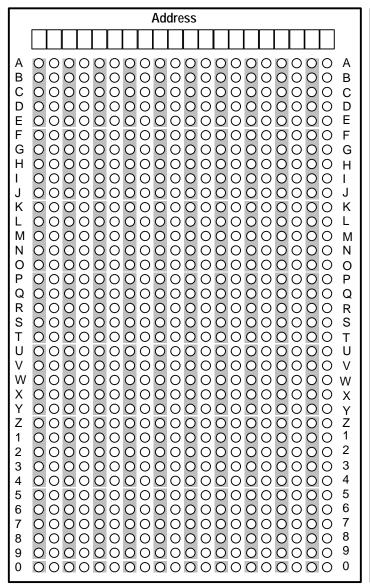
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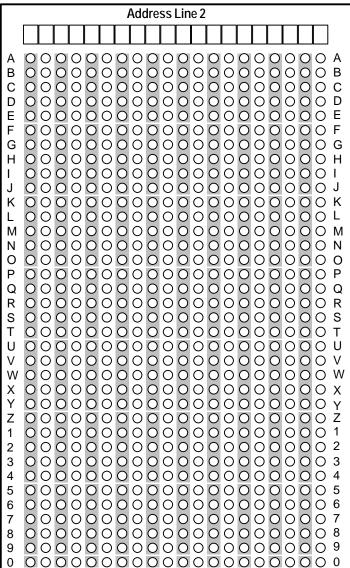


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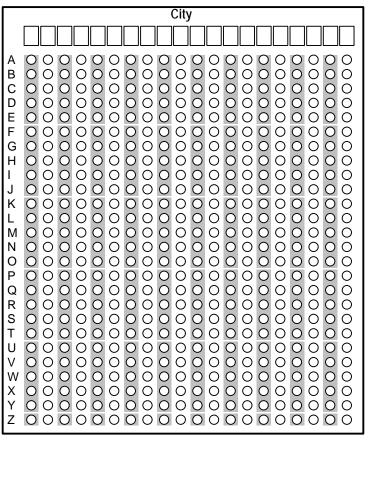


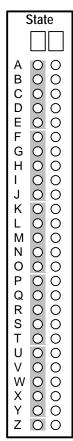




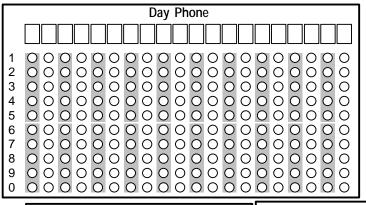


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Please fill in the phone numbers where you can be reached (day, night, fax/pager). DO NOT LEAVE BLANK SPACES OR USE DASHES OR PARENTHESES.



	Night Phone																				
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	○ Fax							Optional					○ Pager								
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3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4
5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5
6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6
7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7
8	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	8
9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	9
0	0	0	O	0	0	0	O	0	O	0	O	0	0	0	O	0	Ó	0	O	0	0

Read each question carefully. Darken the circle for the ONE answer that best describes you. Multiple or blank responses will result in that question receiving the least credit.

Sec	ction 1: APPLICANT INFORMATION		
1.	I am a citizen of the United States, Guam, American Samoa, U.S. Virgin Islands, or Puerto Rico.	O Yes	O No
2.	I am registered with the Selective Service System or I have a valid exemption from registration. (NOTE: If you are a female, or were born before December 31, 1959, answer YES to this		
3.	question.) I have not advocated or knowingly associated with a group advocating the overthrow of the United States Government, nor have I participated in a strike against the United States	—— O Yes	O No
	Government.	_	O No
	I am currently a permanent civilian employee of the Federal Aviation Administration.	O Yes	O No
5.	I am currently a permanent civilian employee or I have been a permanent civilian employee of a Federal agency.	O Yes	O No
6.	I am currently a temporary civilian employee of a Federal agency.	O Yes	O No
	I currently possess a valid driver's license.		O No
	I am able to communicate orally and in writing in the English language.		O No
	I am able to communicate orally and in writing in a language other than English.	_	O No
	. I am able to communicate in sign language.	_	O No
ι	Jse this space to explain answers to questions 1, 2, or 3 above if answered NO:		
1.	tion 2: MILITARY SERVICE I have served on active duty in the United States military service. I am claiming 5-point veteran preference based on my active duty military service.		O No
	I am claiming 10-point veteran preference.		O No
4.	I am claiming 10-point veteran preference. I am claiming 10-point veteran preference as the spouse, widow, widower or natural mother of a disabled or deceased veteran. If NO to all (after completing SSN below and SSN on page 6), skip to Applicant-Preferred Condit of Employment on page 7.	── O Yes	O No
	If YES to 1, 2, or 3, continue.	Veer	
5.	If YES to 4 (after completing SSN below), skip to #19. My beginning date of military service is: Month Day D	Year 0 0 19 0	0000
1 2 3 4 5 6 7 8	O Feb O 1 O Mar O 2 O May O O O O O O O O O	1 0 20 0 2 0 3 4 0 5 0 6 0 7 0	1 0 1 2 0 2 3 0 3 4 0 4 5 0 5 6 0 6 7 0 7 8 0 8
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	Mo	onth Day	Y	ear	
6.		Jan 0 0 0 0 Feb 0 1 0 1 Mar Apr 0 3 0 3 Jun 0 4 July 0 5 Aug 0 6 Sep 0 7 Nov Dec 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O 19 O 20	00000000	0 0 0 1 0 1 2 0 2 3 0 3 4 0 4 5 0 5 6 0 6 7 0 7 8 0 9
7.	My DD-214 or discharge papers reflect that all of my active duty service was for trainionly.	ng purposes		Vos	O No
8	My DD-214 or discharge papers reflect I received the National Defense Service Meda		_		O No
	My DD-214 or discharge papers reflect I received a Campaign Badge or Expeditionary Medal for the period of active duty.	У			
40					O No
10.	My DD-214 or discharge papers reflect that I received a Purple Heart.		O	Yes	O No
	I was (or expect to be) discharged under honorable conditions.				O No
	I retired from military service at or above the rank of major (0-4) or its equivalent.		O	Yes	O No
13.	I have an official statement from the Veterans Administration or a branch of the Arme certifying to the present existence of a service-connected disability of less than 10% of a nonservice-connected disability pension.	or that I receive		Yes	O No
14.	I have retirement orders from a branch of the Armed Forces showing that I retired be		_		_
	permanent service-connected disability or that I was transferred to the permanent dis				
15.			Ŭ	Yes	O No
40	retirement orders reflect I receive disability retired pay.				O No
	My disability is rated at 10% or more, but less than 30%.				O No
17.	, ,				O No
18.	My VA letter or Armed Forces orders are dated within the last year.		0	Yes	O No
	Spouse, widow, widower or natural mother				
19.	I have an official statement for my spouse or child from the Veterans Administration of the Armed Forces certifying the present existence of a service-connected disability datast year.		0	v	0 N
20	•			Yes	O No
∠∪.	I have retirement orders for my spouse or child from a branch of the Armed Forces she/she retired because of permanent service-connected disability or that he/she was to	-			
	the permanent disability retirement list.			Yes	O No
21	I am the widow, widower, or natural mother of a deceased veteran and can provide d	ocumentation	Ŭ	. 00	0 110
	regarding military service, disability, and/or death, as required.		O	Yes	O No
1 2 3 4 5 6 7 8 9	YOU WILL BE REQUIRED TO VERIFY ANY CLAIR PREFERENCE. COPIES OF ALL DOCUMENTS OF ALL DOC	VILL BE REQUI	RED. F	AILUF	RE
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Section 3: APPLICANT-PREFERRED CONDITIONS OF EMPLOYMENT

I am available for: (Mark all that apply)

O Full-time Er	nployment (40 hours per week)	O None	
Part-time E	mployment	1 to 5 nights each month	1
 Temporary I 	Employment	O 6 to 10 nights each mon	th
O Rotating sh	• •	O 11 or more nights each m	
	Geographic	Preferences	
Please mark up to	25 geographic areas in wh	ich you wish to be employed	. You will only be
=	·	geographic areas marked. A	
-	=		-
•		ERS MUST be completed at th	e bottom of EACH
page, even if you	have not marked a geograp	hic area on that page.	
ALABAMA	ARKANSAS	CALIFORNIA (cont.)	FLORIDA (cont.)
O Anniston	O Fayetteville	O Palm Springs	O Orlando
Auburn	O Ft. Smith	O Palmdale	O Panama City
Birmingham	O Harrison	O Paso Robles	O Patrick AFB
Citronelle	Jonesboro	O Rancho Palos Verdes	O Pensacola
O Dothan	Little Rock	O Red Bluff	○ Sarasota
O Haleyville	O Russellville	 Sacramento 	St. Petersburg
O Huntsville	O Texarkana	San Diego	O Tallahassee
O Mobile	BAHAMAS	 San Francisco 	○ Tampa
O Montgomery	O Bimini	Santa Barbara	Tyndall AFB
O Muscle Shoals	CALIFORNIA	Santa Clara	West Palm Beach
O Tuscaloosa	Arcata	O Santa Rosa	Whitehouse
ALASKA O Anchorage	O Atwater	O Stanton	GEORGIA
O Bethel	O Bakersfield	O Stockton	Albany
O Cordova	O Boron	COLORADO	O Ashburn
○ Fairbanks	O Burbank	O Aspen	O Atlanta
O Juneau	O Costa Mesa	Aurora	O Augusta
O Kenai	O El Segundo	Broomfield	O Brunswick
O Ketchikan	○ El Toro○ Fremont	Colorado Springs	O Chamblee
O King Salmon	O Fresno	O Cortez	O College Park
O Nome	O Goleta	O Denver	O Columbus
○ Sitka	O Hawthorne	 Grand Junction 	O Hampton
AMERICAN SAMOA	O Inyokern	○ Longmont	O Lincolnton O Macon
O Pago Pago	○ Klamath	O Pueblo	O Marietta
ARIZONA	O Lancaster	CONNECTICUT	Savannah
○ Flagstaff	O Long Beach	O Bridgeport	O St. Simons Island
O Mesa	O Los Angeles	○ Groton○ New Haven	O Warner Robbins
O Phoenix	O Mill Valley	O Windsor Locks	GUAM
O Prescott	O Monterey	DELAWARE	Finegayan
O Scottsdale	Oakland	○ New Castle	HAWAII
O Tucson	Ontario	DISTRICT OF COLUMBIA	○ Hilo
○ Yuma	St. Nili	○ Washington	O Honolulu
Social Secur	ity Number	FLORIDA	O Hoolehua
	-	O Cross City	○ Kahului
1 0 0 0		Daytona Beach	○ Kailua-Kona
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3 0 0 0		Ft. Lonesome	O Waialua
4 0 0 0		O Ft. Myers	IDAHO ○ Ashton
5 000 0		 Gainesville 	O Boise
6 0 0 0		O Hilliard	O Idaho Falls
7 0 0 0 0		Jacksonville	O Pocatello
8 0 0 0		O Key West	O Twin Falls
9 0 0 0		O Melbourne	51
0 000 0	0 00000	○ Miami	51

I am willing to travel away from home for: (Mark only one)

ILLINOIS	KANSAS (cont.)	MICHIGAN (cont.)	NEBRASKA
O Aurora	Olathe	 Coopersville 	O Bellevue
O Belleville	Salina	Detroit	Columbus
O Champaign	Sublette	O Empire	○ Grand Island
O Chicago	O Topeka	Flint	○ Lincoln
O Des Plaines	O Wichita	Freeland	O North Platte
O DuPage	O Yodar	 Grand Rapids 	○ Omaha
O Elgin	KENTUCKY O Powling Croop	Jackson	○ Rockville
O Elwood	Bowling GreenLexington	Lansing	 Scottsbluff
Hanna City	O Louisville	O Muskegon	O Well Fleet
O Joliet	O Lynch	Negaunee	NEVADA
○ Kankakee	O Paducah	Portage	O Battle Mountain
O Marion	LOUISIANA	Traverse City	○ Elko
O Moline	O Alexandria	O Waterford	○ Fallon
O Oak Forest	O Baton Rouge	MINNESOTA	○ Las Vegas
O O'Hare	O De Ridder	O Apple Valley	O Reno
O Palwaukee	Lafayette	O Bemidji	○ Tonopah
O Peoria	 Lake Charles 	O Duluth	NEWHAMPSHIRE
Rockford Scott AFB	Monroe	O Eau Claire	○ Lebanon
_	New Orleans	O Farmington	Manchester
O Springfield	Shreveport	O Hibbing	○ Nashua
○ Tinley Park○ Waukegan	○ Slidell	O International Falls	NEWJERSEY
West Chicago	O St. Rose	Minneapolis	O Atlantic City
O Wheeling	MAINE	Nashwauk	O Gibbsboro
INDIANA	O Augusta	Princeton	O Millville
O Evansville	O Bangor	 Rochester 	O Morristown
O Ft. Wayne	O Bucks Harbor	Ruthton	O Newark
O Indianapolis	O Limestone	O St. Paul	O Teterboro
O La Grange	Portland	MISSISSIPPI	O Trenton
O South Bend	Presque Isle	Byhalia	NEWMEXICO
O Terre Haute	MARYLAND	Columbus	○ Albuquerque
IOWA O Arlington	O Andrews AFB	Greenville	O Carlsbad
O Burlington	O Baltimore	Greenwood	○ Farmington
O Cedar Rapids	O Boonsboro	Gulfport	O Hobbs
O Clear Lake	○ Salisbury	Jackson	O Roswell
O Des Moines	MASSACHUSETTS	O McComb	O Santa Fe
O Dubuque	O Bedford	Meridian	O Silver City
O Fort Dodge	O Boston	Natchez	O Tucumcari
Mason City	Burlington	Newport	NEW YORK
O Sioux City	Cummington	Tupelo	O Albany
Waterloo	Falmouth	MISSOURI	_
KANSAS	O Hyannis	Bridgeton	O Binghamton
O Dodge City	 Nantucket 	O Butler	O Buffalo
O Emporia	O North Truro	O Cape Giradeau	O Dansville
O Garden City	Worchester	 Chesterfield 	O Flushing
○ Goodland○ Hutchinson	MICHIGAN	Columbia	O Glens Falls
O Lenexa	Alpena	Earth City	Horseheads (Elmira)
	O Belleville	Greentop	○ Islip
○ McLouth○ New Century	Canton	Kansas City	O Ithaca
O New Century	Cheboygan	Kirksville	O Jamaica
Social Security N	lumber	O Overland	O New Windsor (Stewart AFB)
		Springfield	 North Syracuse
		O St. Joseph	Oneonta
1000 00	00001	O Webb City	Oriskany (Utica)
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6 0 0 0 0 0	00006	O Butte	
7 0 0 0 0 0	00007	O Great Falls	
8 000 00	00008	O Lakeside	
0 000 00		O Missoula	51779

NEW YORK (cont.) Riverhead Rochester Rome Saranac Lake Westbury White Plains NORTH CAROLINA Asheville Benson Charlotte Elizabeth City Fayetteville Fort Fisher AFB Greensboro Hickory Maiden Morrisville New Bern Raleigh Rocky Mount Wilmington NORTH DAKOTA Alexander Bismarck Fargo Finley Grand Forks Minot OHIO Akron-Canton Broadview Heights Cincinnati Cleveland Columbus Findlay London Mansfield North Canton North Canton Mansfield North Canton North Olmsted Oberlin Swanton	OKLAHOMA (cont.) Gage Hobart Lawton McAlester Oklahoma City Tulsa OREGON Eugene Klamath Falls Medford Portland Redmond PENNSYLVANIA Allentown Altoona Avoca (Wilkes Barre) Benton Capital City Dubois Erie Lancaster Middletown Philadelphia Pittsburgh Reading University Park Williamsport PUERTO RICO San Juan RHODE ISLAND Warwick SOUTH CAROLINA Anderson Charleston Florence Greer Jedburg Myrtle Beach West Columbia SOUTH DAKOTA Gettysburg Huron Pierre Rapid City	TENNESSEE(Cont.) Jackson Joelton Knoxville Memphis Nashville Tri-City TEXAS Abilene Amarillo Andrews Austin Beaumont Brownsville College Station Conroe Corpus Christi Dalhart Dallas / Fort Worth El Paso Fort Stockton Galveston Harlingen Houston Laredo Longview Lubbock Lufkin McAllen Midland Rogers San Angelo San Antonio Sulphur Springs Tyler Waco Wichita Falls UTAH Cedar City Salt Lake City VERMONT Burlington St. Albans	VIRGINIA Arlington Binns Hall Chantilly Charlottesville Fredricksburg Herndon Leesburg Lynchburg Manassas Newport News Norfolk Coeana Richmond Roanoke The Plains Virginia Beach WASHINGTON Auburn Moses Lake Pasco Renton Seattle Spokane Yakima WESTVIRGINIA Bridgeport (Cla Ceredo (Huntin Charleston Martinsburg Parkersburg WISCONSIN Eau Claire Green Bay La Crosse Madison Mayville Milwaukee Mosinee Oshkosh Rhinelander WYOMING Casper Chevenne	arksburg)	
	O Pierre	O Burlington			
○ Ardmore○ Burns Flat○ Enid	BlountvilleChattanoogaCrossville	O St. Thomas	O Rock Springs O Sheridan		
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Section 4: BASIC REQUIREMENTS

1.	I have a bachelor's degree in Electrical Engineering, Electronics Engineering or Electronics Technology from an accredited college or university. If YES, was your overall grade point average 3.45 or higher?	O Yes	O No O No
2.	I have three years of study in electronics at an Accreditation Board for Engineering and Technology (ABET) accredited institution for engineering and technology.	O Yes	O No
3.	I have completed a full four-year course of study leading to a bachelor's degree which included at least 24 semester hours in any combination of courses such as engineering, physical science, technology, mathematics, computer science, electronics, information management or telecommunications.	-○ Yes	O No
4.	I have a total of one-year of experience, working as a technician, instructor, inspector, or mechanic (civilian or military) that showed progression in theoretical and practical knowledge of electronic theory, and of the characteristics, functions, operations, and capabilities of a variety of types of electronic equipment. This experience included the use of schematic diagrams, a variety of test equipment and the application of appropriate electronic formulas involving such duties as testing, troubleshooting, modifying, designing, calibrating, installing, maintaining, repairing, constructing, developing, and instructing on electronic equipment or similar functions.	O Yes	○ No
5.	I have a total of one-year experience in developing policies, standards and procedures for maintenance, installation or similar functions provided the work clearly shows that I applied a specialized knowledge of the theories and principles of a variety of electronic systems or equipment.	- ○ Yes	O No
6.	I have a combination of coursework as described in numbers 2 and 3 and experience as described in numbers 4 and 5 that total one year. (One year of education is defined as 30 semester hours or 45 quarter hours in a college or university or at least 20 hours of classroom instruction per week for approximately 36 weeks in a business or technical school.)	O Yes	O No
7.	I have an Associate Degree in Electronics Technology from an accredited college or university. If YES, was your grade point average 3.5 or higher?	O Yes	O No O No
8	I have a total of one-year experience that provides a basic knowledge of the principles of electronics, mathematics, computers, aeronautics, or related systems, and/or an understanding, both theoretical and practical, of automated systems, operation, integration, management, and maintenance. Experience may have been gained in one or more occupations, including but not limited to: computer specialist, electronic technician, telecommunications specialist, engineer, etc.		O No
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Section 5: JOB KNOWLEDGE REQUIREMENTS

APPLICANT STATUS FOR FULFILLING JOB KNOWLEDGE REQUIREMENTS:

1.	I plan to take the BEST exam to fulfill the job knowledge requirements.	O Yes	O No
2.	I am applying for an FAA training equivalency to fulfill the job knowledge requirement. I am including with this application the official documentation (i.e., government records) certifying that I have, successfully completed FAA courses 40150 (AC/DC and Transients), 40151 (Digital Logic), and 40153 (Solid State Devices), or their corresponding FAA equivalency examinations (FAA courses 88296, 88298, and 88297). I understand that no other courses or training will be considered as substitutes or equivalents. I understand that my application will not be processed until the FAA grants a training equivalency, and that I will be required to take the BEST exam to fulfill the job knowledge requirements if the FAA does not grant		
	a training equivalency.	O Yes	O No
3.	I have already taken the BEST or been granted a training equivalency as described above and am resubmitting this application to extend my period of eligibility and/or update my records.	-O Yes	O No

Section 6: EDUCATION AND TRAINING IN ELECTRONICS/ENVIRONMENTAL THEORY

This is defined as including a knowledge of (1) Fundamental Theory of Electronics; (2) Fundamental Theory of Radio, Radar, or Computers; (3) Transistor Theory or Digital Logic Principles; (4) Modulation Theory or Computer Systems Theory; (5) Fundamental Theory of Refrigeration, Engines and Power Generation.

DARKEN ONLY ONE circle for the answer that most accurately describes your education and/or training in electronics theory, using the following scale:

a. No education or training.

1

- b. On-the-job training, high school or VO-TECH training.
- c. Correspondence courses from recognized correspondence schools, including college/armed forces extension courses.
- d. Formal training such as college, trade school or military basic and advanced electronic schools.

		a b c d			a b c d
	AC & DC Theory		14.	Digital Circuitry Analysis	0000
	Ohm's Law		15.	Direction Finder Theory ————	
3.	Kirchoff's Law	0000		Forms of Modulation	
4.	Inductive and Capacitive			Theory	
_	Reactance	0000		ILS Theory	0000
	Digital Logic Theory		18.	Mainframe Computer	
6.	Basic Oscillator	0000		Theory	
7.	Power Supplies	0000		Microprocessors	0000
8.	Basic Amplifiers	0000	20.	Microwave/Satellite	
	Transistor Theory			Communications Theory	
0.	Antenna Radiation Theory	0000	21.	Network/LAN Theory	0000
	Beacon (IFF) Theory			Network Theorems	
	Computer Peripheral			(Thevenin's, Norton's)	0000
_	Devices Theory	0000	23.	PC Computer Theory	
3.	Computer Systems	0000	24.	Pulse Techniques	0000
	Theory —————	0000	25.	Radar Theory	-0.000
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				Communications Theory ———	0000
		.	27.	RF Transmission Line Theory	0000
)				Solid State Devices &	
3				Circuit Analysis	0000
1	000 00 00004		29.	Syncros & Servo	
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5			30.	TACAN Theory	
3			31.	Telecommunications	
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		a b c d			a b c d
32. 33	Timing Circuits	0000	38.	Theory in Power Sources	
	VOR Theory Fundamental Theory of	0000		(Generators)	0000
J . .	Refrigeration ————	0000	39.	Theory in Airport Lighting Aids	0 0 0 0
35.	Fundamental Theory of Engines	0000	40.	(Visual NavAids) Theory in Power	
36.	Theory in Environmental			Distribution Systems	0000
	Systems and Controls	0000	41.	Theory in Heating, Ventilation and Air Conditioning	
37.	Theory in Power Conditioning Systems	0000		Systems	0000

Section 7: KNOWLEDGE OF BASIC MATHEMATICS

This is defined as the ability to perform mathematical calculations and computations as they pertain to this field of work.

DARKEN the circle for the response that most accurately describes where you obtained your knowledge of basic mathematics using the following scale:

- a. No knowledge.
- b. Practical experience.
- c. High school or correspondence course.
- d. Military or trade school.
- e. Formal college training.

а	b	С	d	е	
0	0	0	0	0	1. Algebra
0	0	0	0	0	2. Advanced Algebra
0	0	0	0	0	3. Trigonometry
0	0	0	0	0	4. Boolean Algebra
0	0	0	0	0	5. Geometry
0	0	0	0	0	6. Integral Calculus
$\overline{}$	\cap	\cap	\cap	\cap	7 Differential Calculus

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Section 8: EXPERIENCE WITH ELECTRONIC EQUIPMENT

This section will ask you to descibe your experience in installation, maintenance and/or repair of electronic equipment and systems. For each piece or type of equipment or system, you will be asked to describe the length, the recency and the highest level of experience you have had on that equipment or system.

For each individual piece or type of equipment or system, DARKEN the circle for the answer that most accurately describes your experience in the installation, maintenance and/or repair using the following scales:

Length of Experience

- a. No experience.
- Less than 1 year.
- 1 to 3 years.
- 3 to 5 years.

e. More than 5 years.

Recency of Experience

- No experience.
- More than 5 years ago.
- Within the last 3 to 5 years.
- d. Within the last 1 to 3 years.
- Within the last year.

Highest Level of Experience

- a. I have not had education, training or experience on this equipment.
- b. I have had education or training on this equipment, but have no experience.
- c. I have worked with this equipment and was monitored closely by a supervisor or senior technician.
- d. I have independently worked on this equipment as a regular part of my job under normal supervision.
- e. I am considered an expert on this equipment and am normally the person who is consulted to assist because of my expertise.

	Length	Recency	Level
RADAR EQUIPMENT	No Experience Less Than 1 Year 1 To 3 Years 3 To 5 Years More Than 5 Years	No Experience More Than 5 Years Within 3 To 5 Years Within 1 To 3 Years Within Last Year	No Experience Education/Training Only Under Supervision Independent Work Considered Expert
Radar (Surface Search/Air Search/Navigational)	a b c d e	a b c d e	a b c d e O O O O
Secondary Radar (Beacon/IFF) Groundbased		00000	00000
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Length Recency Level Education/Training Only 3 To 5 Years More Than 5 Years Considered Exper No Experience No Experience b d e b c 3. Secondary Radar (Beacon/IFF) а а d e а С d b С е Airborne ----00000 0000 00 00 4. Fire Control/Gun Laying/Close Support Radar/ECM ----.00000 .00000 5. DopplerRadar/NEXRAD OOOO 00000 00000 6. BRITE/D-BRITE 00000 00000 COMMUNICATIONSEQUIPMENT 7. AM/FM Transmitters (High Power) — OOOO 00000 .00000 8. Radio/Television Receivers ______ O O O O 00000 00000 9. Audio/Video Recorders OOOO 00000 00000 10. Radio Communications (VHF/UHF _____0000 Transmitters/Receivers) -----00000 00000 11. Cryptographic Equipment _____OOOO 00000 00000 12. Satellite Communications _____OOOO 00000 .00000 13. Microwave Link Equipment—— OOOO 00000 00000 **AUTOMATION EQUIPMENT** 14. Mainframe Computer _____0000 Systems ----0000 00000 _____0000 15. Minicomputer Systems 00000 00000 16. Desktop/Personal -----Computers 00000 .00000 17. Peripheral Devices (Printers/ Monitors/Modems/etc.) 0000 00000 Social Security Number 00000 0 00000000000 00000 0 3 0 0 3 0 0 5 0 0 0000 6 7 7 8 0 8 9 9

		Length	Recency	Level
NAV	/IGATIONAL AIDS EQUIPMENT	 No Experience Less Than 1 Year 1 To 3 Years 2 3 To 5 Years More Than 5 Years 	w No Experience O More Than 5 Years O Within 3 To 5 Years O Within 1 To 3 Years within Last Year	o No Experience σ Education/Training Only α Under Supervision α Independent Work σ Considered Expert
18.	Very High Frequency Omnirange (VOR) Ground Equipment			
19.	Very High Frequency Omnirange (VOR) Airborne Equipment		00000	00000
20.	Tactical Air Navigation (TACAN) Ground Equipment	0.0000		
21.	Tactical Air Navigation (TACAN)		0000	00000
22.	Airborne Equipment		00000	00000
	Ground Equipment	-00000	00000	00000
23.	Instrument Landing System (ILS) Airborne Equipment	-00000	00000	00000
24.	Non-directional Beacon (NDB) Transmitters/Receivers		00000	00000
25.	LORAN/OMEGA Transmitters/Receivers/Monitors		00000	00000
26.	Global Positioning Systems (GPS)		00000	00000
27.	,	-00000	00000	00000
ENV	IRONMENTALSYSTEMS/EQUIPMENT			
28.	Electronic Control Systems ————————————————————————————————————		00000	00000
	Visual Navigational Aids Power Conditioning		00000	00000
	Systems Less than 50 KW	-00000	00000	00000
1 2 3 4 5 6 7 8 9	000 00 0000 4 000 00 0000 5 000 00 0000 7 000 00 0000 8 000 00 0000 9			51

		Length	Recency	Level
		No Experience Less Than 1 Year 1 To 3 Years 3 To 5 Years More Than 5 Years	No Experience More Than 5 Years Within 3 To 5 Years Within 1 To 3 Years Within Last Year	No Experience Education/Training Only Under Supervision Independent Work Considered Expert
31.	Power Conditioning Systems Equal to or Greater than 50	a b c d e	a b c d e	a b c d e
	KW		00000	00000
32.	Civil Engineering/Surveying	00000	00000	00000
33.	Heating/Ventilating & Air Conditioning Systems	0000	0000	00000
34.	Power Distribution Systems		00000	00000
35.	Engine Generators		00000	00000
ОТНІ	ER ELECTRONIC EQUIPMENT			
36.	Network/LAN	0000	00000	00000
37.	Central Office/PBX	00000	00000	00000
38.	Telephone Instruments	0000	00000	00000
	Cellular Network Systems		00000	00000
40.	Sonar	00000	00000	00000
	Test Equipment Calibration (PMEL)		00000	00000

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42. Electronic Simulators ----

43. Industrial Controls/Indicators/ Records/etc. 00000

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ection 9: ADDITIONAL INFORMATION 1. My experience in the electronics field totals:	Less than 1 year
	1 to 3 years
	O 3 to 5 years
	○ 5 to 7 years
	O 7 to 10 years
	O More than 10 years
2. My experience in the electronics field was gained in (Mark all that apply):	No Experience
	 Education only
	 Private Industry
	Military
	 Federal Government
	 Self Employed
I am currently a permanent employee of FAA Airway Facilities Service.	O Yes O No
Section 10: ELECTRONIC TEST EQUIPMENT	
Mark the answer that most accurately describes the level at which you have used the using the following scale:	listed test equipment,
a. I have not had education, training or experience with this test equipment.	

- b. I have had education or training with this test equipment, but I have not yet worked with it on the job.
- c. I have worked with test equipment on the job. My work with this test equipment was monitored closely by a supervisor or senior technician.
- d. I have independently used this test equipment as a regular part of my job.
- e. I am considered an expert in the use of this test equipment. I have supervised the use of this test equipment by others and am normally the person who is consulted to assist because of my expertise.

		a r) C	a	е
1.	Voltmeters, ammeters, and Ohmmeters (Multimeters)	0 () C	0	0
2.	RF Power Measuring Devices	0 () C	0	0
3.	Signal Generator	0 () C	0	0
4.	Oscilloscopes	0 () C	0	0
5.	Data Analyzers ————————————————————————————————————	0 () C	0	0
6.	Devices for measuring VSWR	0 () C	0	0
7.	Pulse Generators ————————————————————————————————————	0 () C	0	0

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8.	Frequency Counters	0000
9.	Spectrum Analyzers	00000
10.	Logic Probe	0000
11.	Vector Voltmeters —	0000
12.	Automatic Line Test Equipment (ALTE)	00000
13.	Transistor Curve Tracer	0000
14.	Velometer	0000
15.	Refrigeration Recovery System	0000
16.	Exhaust Analyzer	0000
17.	Timing Light	00000
18.	Dwell Tachometer ———————————————————————————————————	0000
19.	Megger; 500, 1KV, 15KCDC	00000
20.	Time Domain Reflectometer	0000

Section 11: EXPERIENCE IN TROUBLESHOOTING AND ANALYZING CIRCUITS

Mark the answer that most accurately describes your level of experience in troubleshooting, using the following scale:

- a. I have not done.
- b. I have done under supervision.
- c. I have shared responsibility with other team members.
- d. I have been fully responsible.
- e. I am considered a highly effective troubleshooter who is often referred to for assistance by other journey-level individuals.

		а	b	С	d	е
1.	Replace minor components, using visual inspection to detect trouble.	- 0	0	0	0	0
2.	Troubleshoot single function.	- 0	0	0	0	0
3.	Troubleshoot common and recurring malfunctions.	0	0	0	0	0
4.	Troubleshoot with instruments in multi-unit systems, determining which piece of					
	the system is giving trouble.	0	0	0	0	0
5.	Troubleshoot with logical techniques using a system approach.	0	0	0	0	0
6.	Troubleshoot complex electronic equipment that is new to me, on the basis of instruction					
	manuals and drawings, using test equipment.	- 0	0	0	0	0
7.	Troubleshoot a complete, integrated system requiring knowledge of the interaction					
	of several subsystems.	- 0	0	0	0	0
8.	Troubleshoot complex equipment under adverse conditions such as limited time.					

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RACE AND NATIONAL ORIGIN IDENTIFICATION

(Please read the instructions and Privacy Act Statement before completing form.)

First Name

Please use a **black pen.** Print plainly and completely darken the circle that best describes you. **Use correction fluid to make changes.** Do not make or leave stray marks on the scannable form. **YOUR SOCIAL SECURITY NUMBER MUST BE FILLED IN ACCURATELY** to process this form.

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PRIVACY ACT STATEMENT

Solicitation of this information is authorized by section 2000e-16 of title 42, which requires that agency employment practices be free from discrimination and provide equal employment opportunities for all, and by the Uniform Guidelines on Employee Selection Procedures (1978), 43 FR 38297 et seq. (August 25, 1978), which requires agencies to examine their employee selection procedures to identify any adverse impact those procedures have on women and minorities. Solicitation of this information is in accordance with Department of Commerce Directive 15, "Race and Ethnic Standards for Federal Statistics and Administrative Reporting." This information will be used to make statistical determinations under the Federal Equal Opportunity Recruitment Program (5 USC 7201) and affirmative action programs under section 717 of title VII of the Civil Rights Act of 1964 as amended. The furnishing of this data is voluntary; however, collection of the information is essential to the design and maintenance of effective recruitment and preemployment processing programs which will provide the best possible employment opportunities to all candidates. You are requested to furnish your social security number (SSN) under the authority of Executive Order 9397 (November 22, 1943), which requires agencies to use the SSN for the sake of economy and orderly administration in the maintenance of personnel records. Furnishing of the SSN is voluntary; however, failure to provide the SSN may result in inaccurate statistical records.

PUBLIC BURDEN INFORMATION

The public reporting burden for completing this form is estimated to vary from 1 to 3 minutes with an average of 2 minutes. This estimate includes time for reviewing instructions, gathering data needed, and completing and reviewing entries. Send comments about the burden estimate or any other aspect of this form, including suggestions for reducing this burden to: Federal Aviation Administration, Assistant Administrator for Human Resource Management, 800 Independence Ave. S.W., Washington D.C. 20591.

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Social Security Number